

STATE BAR COURT
HEARING DEPARTMENT
CASE No. _____

REQUEST FOR CONFIDENTIAL EARLY NEUTRAL EVALUATION CONFERENCE

Requesting party:

☐ Office of the Chief Trial Counsel ☐ Member ☐ Counsel for Member ☐ Both Parties

Requesting party MUST fill in the following information:

Deputy Trial Counsel: _____	Membership No: _____
	Telephone No: _____
	Fax No: _____
Member: _____	Membership No: _____
	Telephone No: _____
	Fax No: _____
Counsel for Member (if applicable): _____	Membership No: _____
	Telephone No: _____
	Fax No: _____

Joint availability dates of parties: [Please provide the Court with a minimum of two dates including available times]

<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this request form to:

State Bar Court
1149 So. Hill Street, 5th Floor
Los Angeles, CA 90015-2299
Fax No. (213) 765-1568
Phone No. (213) 765-1400

or

State Bar Court
180 Howard Street, 6th Floor
San Francisco, CA 94105-1639
Fax No. (415) 538-2043
Phone No. (415) 538-2050

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(For State Bar Court Use Only)

ENEC Judge assigned: _____

Requesting party notified
of ENEC date/time on _____

Date Assigned: _____

By: _____

ENEC date/time: _____

Case Administrator